

Governor's EMS and Trauma Advisor Council																
EMS Sub-Committee																
ATTENDANCE																
November 10, 2012																
Name	N o v 0 9	J a n 0 1	F e b 0 0	M a r 0 0	J u n 0 0	A u g 0 0	S e p 0 0	O c t 0 1	N o v 0 1	D e c 0 1	J a n 0 1	F e b 0 2	M a r 0 2	A p r 0 2	M a y 0 2	J u n 0 2
Dudley Wait	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Lucille Maes	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Kevin Deramus	X	X		X	X	X		X	X	X	X	X	X			X
Eddie Martin	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
Mike Farris	X	X	X		X	X	X	X	X		X					
Brian McNevin (Off in 2012)	X	X		X		X	X	X		X						
Brian Petrilla		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Larry Rascon (2010 Appt)	X	X		X	X	X	X	X	X	X	X	X	X			X
Lon Squyres		X	X		X	X	X	X	X	X	X		X	X	X	X
Justin Boyd (2011 Appt)							X	X	X	X	X	X	X	X	X	X
Anthony Gilchrest (2011 Appt)							X	X	X	X	X		X	X	X	X
Tami Kayea (2012 Appt)											X	X	X	X	X	X

1. The meeting was called to order at 1430 by Chair Dudley Wait.
2. **Consider the increase in the number of ground EMS providers in metropolitan areas and make suggestions to GETAC on rule changes to assist DSHS in addressing this issue.** Mr. Wait reviewed the outcome from the October 12 interim meeting discussing possible fraud reduction strategies. The primary discussion of the group at that meeting was the Administrator of Record Course. The group developed the following draft concepts on increasing the accountability and responsibility of the Administrator.
  - a. The person named as “Administrator” must have personal accountability for the actions of the agency. Language needs to be crafted to make this happen.
  - b. Each organization must have an Administrator and no one can be the named Administrator for more than one paid agency. If there is a need for someone to administrate more than one paid agency, they can seek a variance from DSHS which will be given based upon the needs, location and service type.
  - c. The group agreed that EMS certification is important for these individuals but it was agreed that current EMS Providers would have their “Administrator” grand-fathered and would not need EMS

Certification but new EMS Provider applicants would need an Administrator who held some level of EMS Certification.

- d. The group felt that this was actually a compliance officer type position as well and supported the requirement of agencies submitting compliance plans and doing compliance CE annually.
- e. There was also agreement on an Administrator Course. The agreed upon factors of this course would include:
  - i. New Provider License applicants have to have someone who has taken the course prior to getting their Provider License. The group agreed there would need to be a variance process in place for public safety needs (i.e. a communities 911 provider goes out of business and another agency has to step up to provide ambulance service, etc)
  - ii. Current Provider License holders would be grandfathered for up to 2 re-licensing periods. The grandfather date follows the agency so if they replace their administrator, the grandfather date remains the same.
  - iii. For current providers there was discussion of the course being offered in module format but the course should be designed as a “all at one time” course and should be required that new EMS Provider license Administrators take the course “all at one time”.
  - iv. The course should include all regulatory agencies that affect EMS including but not limited to DSHS, DEA, DPS, OIG, FBI, CMS, HHSC, Labor Board, Texas Medical Board, etc.
  - v. There should be CE requirements from the beginning of this new process.
- f. Chief Squyres reported that he had researched the existence of this type process in other states and there is no evidence that this exists anywhere else.
- g. Stakeholder input was taken. Issues brought forward included the course should be longer than a week, grandfathering should be shorter, such as 2 years; a need for more DSHS regulatory staff; the need for the course to be on-line as well as classroom but they supported new applicants having to attend in person; a need to teach EMS integration into the entire healthcare system; and lastly that this would also probably affect Air Medical and we needed to include them in this process.

3. **Discussion on the GETAC Strategic Plan options regarding meeting times and lengths as presented at the August 2012 GETAC Meeting:**

This was opened to the Committee members. Thoughts shared with the group included the potential decrease of loss of appropriate stakeholder input and that if the shorter meetings were adopted, it would require the need to meet more in-between GETAC meetings causing more costs for travel and, from our experience, less stakeholder involvement. There was also the thought that it would steer the entire process away from a consensus driven process. The Committee felt that neither option was appropriate and that goals should be established and work done by all stakeholders in achieving those goals.

4. **EMS for Children (EMS-C) Update:** Mr. Gilchrist gave his update and talked about the process they are working to produce the evidence based pre-hospital treatment protocols. Mr. Wait reminded him that Committee members Maes and Petrilla were appointed to help the EMS-C group with this process.
5. **Discussion on Working Group Best Practice Recommendations for the Safe Transport of Children in Emergency Ground Ambulances as published by the National Highway Traffic Safety Administration in September 2012:** Mr. Gilchrist reviewed this document and it's impact on EMS providers. No public comment was received.
6. **Review the current DSHS EMS and Trauma Systems rule in Title 25 of the Texas Administrative Code (TAC), Chapter 157 and recommend changes/additions to DSHS:** Ms. Guerrero reported that her staff is still working on putting all the recommendations together and hope to have draft documents in January, 2013.
7. **Report from the workgroup examining the language in 25 TAC 157.11 and 25 TAC 157.13, Fixed-Wing Air Ambulance Operations, regarding the patient care issues when EMS ground and air providers are present:** Air Medical personnel and our Committee's members to this work group are meeting on Sunday, November 11 to finalize the official questions for DSHS.
8. **Texas Medical Board administrative code rules, Title 22 Texas Administrative Code, Chapter 197, Emergency Medical Service:** The Texas Medical Board has proposed a strengthening of rules on EMS Medical Directors at DSHS request in response to efforts to reduce fraudulent providers. Mr. Wait reviewed the proposed changes and asked that all EMS agencies review this with their medical directors before the public hearing in late November.
9. **General Public Comment:**
  - a. Mr. Wait stated that he was asking Medical Director and Education Committee's to address the fact that CE providers needed no

medical direction to be authorized by DSHS to provide CE. Both Committees have stated they will investigate this.

- b. The MOA for Ground Ambulances during Disasters will be going away in the next few months. Mr. Wait stated that agencies needed to coordinate with their EMTF coordinators in getting new MOA's (same terms) signed in their region. There would be no more statewide MOA's.
- c. Ms. Guerrero stated there was a formal workgroup being established that would need formal action from the EMS Committee to appoint a member to the workgroup to work with the Registry for long-term success. The EMS Committee will address this at our next committee meeting in January.

10. **Next Meeting:** The EMS Committee will meet before our February GETAC meetings on January 18 in Houston to continue the work on the fraud reduction strategies.

11. **Adjourn:** The meeting was adjourned at 1600.

A handwritten signature in cursive script that reads "Dudley Wait".

Dudley Wait, EMT-P  
EMS Committee Chair